ANNEX HH

MASS CASUALTY INCIDENT

POLK COUNTY MULTIPLE CASUALTY INCIDENT (MCI) PLAN

I. Purpose

To provide basic guidelines and policy for emergency medical operations at a multiple casualty incident. (It is understood that individual departments will expand these guidelines to meet their individual department needs.)

II. Responsibility

It will be the responsibility of each member to exercise the appropriate control dictated by their role in the implementation of these guidelines.

III. Definitions

Multiple Casualty Incident (MCI)

The following guidelines will be followed in order to determine if a Multiple Casualty Incident (MCI) should be declared for either a specific incident or on a countywide basis:

1. Incidents involving five (5) or more "red" patients or a total patient count greater than ten (10) at one (1) location will be identified as a MCI. Notification of the MCI designation will be made to C-MED following the scene safety evaluation. If further evaluation during triage indicates that the patient count is less than identified above, C-MED will be advised to cancel the MCI.

2. Incidents occurring county-wide which result in a cumulative total of twenty (20) patients requiring treatment within a thirty (30) minute period will result in a general MCI being declared by C-MED. C-MED will contact area hospitals thirty (30) minutes after declaring the general MCI to check on ER status to determine if the general MCI can be canceled.

3. Hospitals may contact C-MED to initiate a community-wide MCI.

Hospital Alert

A warning that a potential or actual emergency situation exists requiring the alerting of all Des Moines Area Hospitals by C-MED. The hospitals may then activate their disaster plans to the degree necessary for preparing to receive and treat the multiple casualties. The hospitals will provide one individual to monitor their hospital C-MED radio during the alert. C-MED will request from each hospital an inventory of the number of *"red" or "immediate"* (START Triage) patients each hospital can handle when the hospital is placed in alert. C-MED will also advise the hospitals when the alert has ended.

NOTE: As the hospitals are placed on alert they will stock their MCI footlocker with the anticipated field supplies. The MCI footlockers are the responsibility of Disaster Services. (A committee from all the metro hospitals should recommend a list of supplies that could be used for various MCI's) The first squads arriving at the hospitals will secure the MCI supply footlocker and return to the scene.

START Triage & JumpSTART

The sorting of injuries and causalities to determine priorities of treatment and transportation in order to maximize the number of survivors.

IV. Procedures

Communications

1. C-MED will be responsible for medical communications and designating a frequency to use during the incident.

2. In the event of a multiple casualty incident, the following information, when available, will be given to C-MED:
   a) Nature of the incident and exact location
   b) Approximate number of casualties and severity of injuries. This report will be continually updated as the incident progresses.
   c) Request a hospital alert if conditions warrant
   d) Request additional medical personnel, supplies, equipment, and vehicles.
   e) Advise where the staging area will be established.

3. Additional communications to be defined on an individual service basis.

Incident Management System (IMS)

To be utilized and defined on an individual service basis.

1. EMS Officer Guide
   a) EMS Officer is a subsection of the Unified Incident Command (IC). The on-site EMS Provider with the highest certification, seniority, and authority will be in the EMS Officer until relieved by a senior officer.
   b) The officer will be visual identified by the EMS Operations Vest.

c) The EMS Officer will make a Rapid Assessment of the incident.

i. Using established protocols listed in Section III.A, identify and declare a MCI through C-MED. Advise C-MED of :

1. Nature of the incident and exact location
2. Approximate number of casualties and severity of injuries. This report will be continually updated as the incident progresses.
3. Request a hospital alert if conditions warrant
4. Request additional medical personnel, supplies, equipment, and vehicles.
5. Advise where the staging area will be established.

d) Advise as many ambulatory patients as possible to move to a safe area.

e) EMS Officer will assign Sector Officers

i. Triage
ii. Treatment
iii. Transportation
iv. Staging

f) EMS Officer will remain at the Incident Command Post and consult with IC to determine if it is safe to begin EMS operations.

g) Rotate workers (depending on elements, job stress, etc.) out of the area for "rehab". Length of work period and rehabilitation period will be determined by the treatment sector officer based on nature of situation and available personnel to maximize effective use of responders.

h) EMS Officer will prepare for Critical Incident Stress Management (CISM) of all workers by contacting the American Red Cross and Polk County Mental Health Department.

i) Coordinate all EMS operations during incident.

NOTE: The EMS Officer will not become involved in physical task.

2. Triage Officer

a) The Triage Officer will obtain a briefing from the EMS Officer.

b) The officer will be visual identified by the Triage Officer Vest.

c) The Triage Officer will determine equipment and personnel needs of triage sector, and request from EMS Officer or Staging Officer. Coordinates personnel assigned to triage sector.

d) Ascertain from EMS Officer if it is safe to begin triage.

e) All Casualties should be moved from the immediate incident site to a Treatment Area, which will be established in a "safe" area and, if possible, protected from the elements. In this collecting point, arriving casualties will be evaluated, tagged and organized be category.

f) Evaluation and re-evaluation of patient condition and continued triaging in the following categories:

i. Red Tag (immediate) - 1st Priority - Life Threatening Injury
   a. Injuries are such that they have or probably will cause life-threatening shock or hypoxia.
   b. The casualty can be stabilized with the intervention skills and equipment available without the need for constant care. Casualties with catastrophic injuries of either the head or chest do not meet the above criteria since the have a poor chance of survival and need constant care.
   c. There is a high probability of survival if given the level of care available and rapidly transported.

ii. Yellow Tag (delayed) - 2nd Priority - Serious Non Life Threatening
   a. Not presently in life-threatening shock and/or hypoxia, but whose injuries are such that it is probable that these will ensue.
   b. High probability of survival.
   c. Can withstand waiting as long as 45 minutes until the red category casualties have been stabilized and/or transported.

iii. Green Tag (minor) – 3rd Priority – Walking Wounded
   a. Casualties with injuries that do not have an immediate systemic implication.
   b. Casualties whose injuries, once rapidly stabilized, do not have an immediate systemic implication.

iv. Black Tag (morgue) – 4th Priority – Pulse-less/Non-Breathing
Those who, by any definition, are dead.
   a. Includes those in both respiratory and circulatory arrest.
   b. Includes casualties who are in a dying state.

Category includes casualties with catastrophic injuries who have a small chance of survival. (i.e. – major evisceration, large open wounds of the chest, flail chest.)

g) Coordinate transfer of patients by priority to treatment sector (ensure sufficient litter teams are available)

h) The Triage Officer will ensure that all areas around MCI scene are checked for potential patients

i) The Triage Officer will advise EMS Officer when initial triaging operations are completed

NOTE: The EMS Officer will not become involved in physical task.

3. Treatment Officer
   a) The Treatment Officer will obtain a briefing from the EMS Officer.
   b) The officer will be visual identified by the Treatment Officer Vest.
   c) The Treatment Officer will determine equipment and personnel needs of treatment sector, and request from EMS Officer or Staging Officer. Coordinates personnel assigned to triage sector.
   d) The Treatment Officer will establish a Primary Treatment Area
      i. Must be capable of accommodating large number of patients and equipment
      ii. Divide area into three (3) distinct area using colored tarps
      iii. Consider: weather, safety, hazards, and potential need for shelter
      iv. Area must be readily accessible for ease of flow patterns.
      v. Designate entrance and exit points to area
   e) The Treatment Officer will designate a Secondary Treatment Area as alternate should primary area become unusable. Inform the EMS Officer of primary and secondary treatment locations.
   f) Assign personnel to treatment areas based on EMS certifications:
      i. Paramedics = Immediate
      ii. EMT B's & FR's = Delayed or Minor
   g) Re-triage patients upon arrival at treatment area, place patients in appropriate sections.
   h) Complete Treatment Sector Log as patients pass through treatment area

i) Advise Transportation Officer when patients have been prepared for transport, evacuate patients by priority.

j) Begin relieving or reducing staff as necessary and regularly inventory supplies/order as needed.

k) The Treatment Officer will report to EMS Officer for reassignment upon completion of tasks.

NOTE: The Treatment Officer will not become involved in physical task.

4. Transportation Officer

Vehicles available for transportation to hospitals will include EMS squads, police vans, and buses. Casualties will be assigned to vehicles based on evacuation priority (triage tag), availability, and suitability of the vehicle and its crew to care for the patient(s) enroute.

a) The Transportation Officer will obtain a briefing from the EMS Officer.

b) The officer will be visual identified by the Transportation Officer Vest.

c) The Transportation Officer will determine equipment and personnel needs of transportation sector, and request from EMS Officer or Staging Officer.

d) The Transportation Officer will contact C-MED for Hospital Capability
   i. Provide and coordinate patient transport
   ii. Fill out and maintain Hospital Capability & Patient Tally Sheet
   iii. Direct departing ambulances to hospitals based on capabilities and provide periodic updates to C-MED
   iv. Coordinate routing of Patients to proper ambulances and complete Sector Log Sheet.

e) The Transportation Officer will Consult with Treatment Officer and establish patient loading zone. *(zone should have separate entrance and exit routes)

f) The Transportation Officer will advise the Staging Officer of loading zone locations and best route for access.

g) The Transportation Officer will request ambulances from Staging Officer as needed.

h) The Transportation Officer will advise the EMS Officer when the last patient is transported.

5. Staging Officer

In order to prevent unnecessary congestion and confusion at the site, a staging officer will establish for all incoming equipment and personnel. The Staging Officer:

a) The Staging Officer will obtain a briefing from the EMS Officer.

b) The Staging Officer will determine best organizational layout for staging area (keep staged units away from actual incident).

c) The officer will be visual identified by the Staging Officer Vest.

d) Inventories, by logging, all arriving vehicles and personnel. (The log sheet should be filled out by one or two individuals – to simplify follow-up interpretations.)

e) Directs parking in such a manner that allows for the response of any vehicle. (If possible, set up parking so vehicles do not require backing.)

f) The Staging Officer will work directly with any Dispatch to request sufficient resources for staging. The Medic Task Force List may be utilized to request ambulances and MCI trailers. (See section "C" for the Medic Task Force List and section "D" for the MCI Trailer Inventory). The Staging Officer will advise responding units of staging radio channel and location.

g) The Staging Officer will check in all unassigned apparatus and direct extra personnel to EMS Officer for further assignments. The Staging Officer will shuttle incoming supplies on to the next vehicle heading towards the Treatment Area. (This minimizes vehicle traffic, but moves the necessary equipment to the equipment pool.)

h) The Staging Officer will request maintenance and fuel if needed, and if not handled by logistics.

i) The Staging Officer will respond immediately to request for resources and direct the movement of vehicles.

j) The Staging Officer will notify Command if unable to obtain adequate resources, and monitors resource depletion in participating cities. Coordinates stand-by and move-ups as necessary, or use staging resources to assist with response into participating cities.

6. Security

The most accessible on-site Law Enforcement Officer will be requested to initiate activity to establish a security perimeter to prevent unauthorized entry and interference with the on-site operations.

B. Medical Task Force

C. MCI Trailer Inventory

Inventory List MCI Trailer			
Triage Kit Contents:		**General Contents:**	
Tarps	(1) Green	Back Boards	25
	(1) Yellow	Orange Straps	75
	(1) Red	Trauma Dressing	15
Vests	(1) Staging	Stethoscopes	5
	(1) Transport	Cervical Collar (infant)	10
	(1) Incident Commander	Cervical Collar (adult)	14
	(1) Treatment	Body Bags	24
Laminated Guides	Staging	PPE Gowns	15
	Transport	BP Cuffs	5
	EMS Officer	Head Bed (pediatric)	13
	Treatment	Head Bed (adult)	25
Light Sticks	(10) Yellow	Blower	1
	(10) Red	(1) Propane heater, 17lb bottle, Tubing	
	(10) Green	(1) oxygen manifold with tubing attachments	
Triage Flags	(1) Set		
Scene Tape (in rolls)	(1) "Delayed"		
	(1) "Minor"		
	(1) "Immediate"		
	(1) "Deceased"		
	(3) "Do Not Enter"		

D. Predetermined Forms

1. Communication Guideline
2. Treatment Sector Log
3. Transportation Sector Log
4. Staging Sector Log

MULTIPLE CASUALTY INCIDENT
COMMUNICATIONS GUIDELINES

Frequency _____

I. One individual is responsible for the communications of your unit to C-MED.

II. As soon as you find out from the Transportation Officer the number of patients, their priority, type of injury and injury location, you will call C-MED in the following manner:

C-MED from _____
(Your service name and number)

(C-MED acknowledges your service and number)

C-MED _____ has _____ (describe your patients to be transported)
(Amb. #) (No. of Pts.)

_____	_____	_____	_____
(Priority Color)	(Age/Sex)	(Type/injury)	(ETA)

Repeat for each patient transported:

EXAMPLE:

C-MED 410 has one "red" 50y/m with internal injuries in shock - two "yellow", 24y/f with 2nd and 3rd degree burns on lower extremities, and 10y/m with 1st and 2nd degree burns of the face, arms and hands, ETA 10 minutes.

C-MED confirms with the assigned hospital the number of patients, priority, type of injury and injury location that the hospital will be receiving from your particular service and squad number.

REPORTS - only small pocket reports are to be made out. DO NOT take the time to make out the large Pre-Hospital reports - that is a post MCI responsibility - rapid hospital turn around is important.